

MEDICATION ASSISTED TREATMENT FOR OPIOID ADDICTION

Mark Fisher

Program Administrator

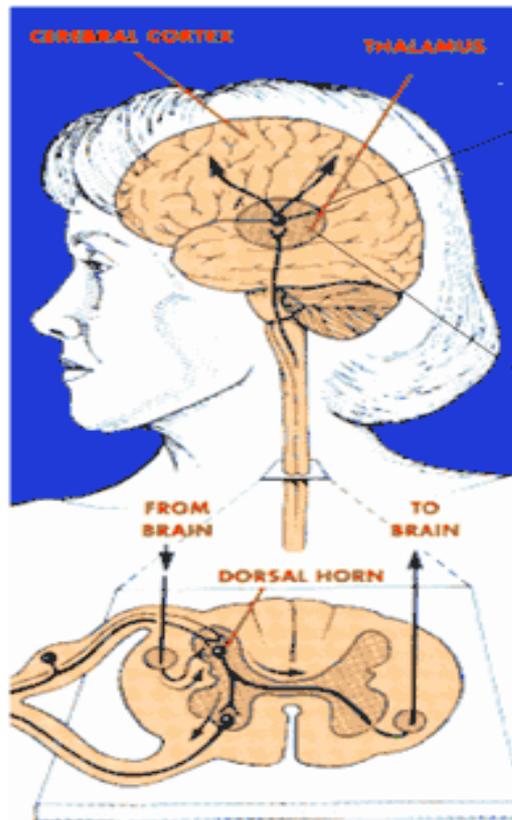
State Opioid Treatment Administrator

Kentucky Division of Behavioral Health

OBJECTIVES

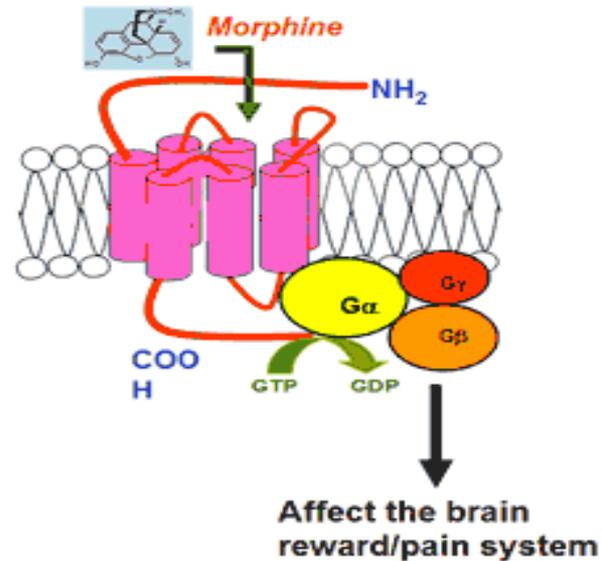
- ❖ Learn about types of opioids and associated withdrawal symptoms
- ❖ Learn what medications are available to treat opioid addiction
- ❖ Understand the pros and cons associated with each medication

Addiction – “A brain disease, not a social dysfunction”.



Mu Opioid Receptor:

located on the membrane of neuronal cells



OPIOID ADDICTION AND TREATMENT

- ❖ Opioids-effects and withdrawals
- ❖ Methadone
- ❖ Buprenorphine-Suboxone and Subutex
- ❖ Naltrexone

OPIOIDS

- ❖ Naturally occurring from opium (opiate)-
 - morphine, codeine, and thebaine
- ❖ Semi-synthetics (opiate)-
 - Morphine-heroin, MS Contin
 - Codeine-Vicodin, Lortab, Oxycodone, Percoset, Tylox, Oxycontin
 - Thebaine-Not used therapeutically, but converted into Naloxone, Naltrexone, Buprenorphine
- ❖ Fully-synthetic (opioid)-
 - Methadone, Fentanyl, Darvon

IMPACT OF OPIOIDS ON PHYSICAL HEALTH

- ❖ Drowsiness
- ❖ Constipation
- ❖ Depression of CNS
- ❖ Physical dependence and addiction
- ❖ Infections and collapsed veins

PHYSICAL IMPACT CONT.

- ❖ Liver or kidney disease
- ❖ Damage to vital organs
- ❖ Hyperalgesia
- ❖ HIV and Hepatitis C
- ❖ Fatal overdose

IMPACT OF OPIOID ADDICTION ON EMOTIONAL, SOCIAL, AND FAMILY

- ❖ Decrease/cease self care and ADL's
- ❖ Increase in criminal behavior
- ❖ Loss of job, school difficulties
- ❖ Depression, anxiety
- ❖ Dishonesty, lack of trust

EMOTIONAL/SOCIAL IMPACT CONT.

- ❖ Less quality time with family
- ❖ Lose/harm relationships
- ❖ Compromise personal values
- ❖ Engage in high risk behaviors
- ❖ Financial burden to community

OPIOID WITHDRAWAL SYMPTOMS

- ❖ Abdominal pain
- ❖ Agitation
- ❖ Diarrhea
- ❖ Dilated pupils
- ❖ Goose flesh
- ❖ Nausea

WITHDRAWAL SYMPTOMS CONT.

- ❖ Involuntary leg movements
- ❖ Restlessness
- ❖ Runny nose
- ❖ Sweating
- ❖ Vomiting
- ❖ Bone and joint pain

OPIOID WITHDRAWAL

- ❖ Peak between 48 and 72 hours after last dose.
- ❖ Feels like terrible flu.
- ❖ Typically, the physical symptoms subside after about 1-2 weeks.
- ❖ Can show persistent withdrawal symptoms for months.
- ❖ Less dangerous than alcohol, but for those in poor health can be fatal.
- ❖ The brain/psychological withdrawal last for months, if not years.

METHADONE-MYTH V. FACT

“Finding Normal”

METHADONE

- ❖ Developed on the battlefield in WWII Germany for pain relief.
- ❖ Schedule II narcotic
- ❖ Long acting opioid analgesic (24-36 hours)
- ❖ Full mu opioid agonist-binds and activates creating a “Blocking Effect”.

METHADONE

- ❖ Long half-life (12-59 hours)
- ❖ Administered orally- always in liquid form
- ❖ 40 mg tablets (Disket) only available to treat for pain. Prescribed by a Physician.

METHADONE TREATMENT

- ❖ Medication is only one component
- ❖ Medical model. Treatment Team includes Addictionologist Physician, Nurses, LCSW's, CADC's
- ❖ Detoxification v. Maintenance (MMT)
- ❖ Opiate Treatment Programs
 - Overview of average OTP
 - Federal and State regulations
 - Kentucky's programs

Kentucky Opioid Treatment Programs



- | | |
|---|---------------------|
| ① Narcotics Addiction Program/ bluegrass.org | Bus: (859) 977-6080 |
| ② Center for Behavioral Health Kentucky Inc | Bus: (502) 894-0234 |
| ③ Corbin Professional Associates | Bus: (606) 526-9348 |
| ④ E-town Addiction Solutions, LLC | Bus: (270) 234-8180 |
| ⑤ Associates, Lexington Professional | Bus: (859) 276-0533 |
| ⑥ MORE Center/Methadone/Opiate Rehab. & Ed | Bus: (502) 574-6414 |
| ⑦ Northern Kentucky Clinic, LLC | Bus: (859) 360-0250 |
| ⑧ Paducah Professional Associates | Bus: (270) 443-0096 |
| ⑨ Paintsville Professional Associates | Bus: (606) 789-6966 |
| ⑩ Perry County Treatment Services | Bus: (606) 487-1646 |
| ⑪ Center, Pikeville Treatment | Bus: (606) 437-0047 |
| ⑫ Ultimate Treatment Center | Bus: (606) 393-4632 |
| ⑬ Western Kentucky Medical | Bus: (270) 887-0130 |
| ⑭ Center for Behavioral Health Inc. Frankfort | Bus: (502) 352-2111 |
| ⑮ Georgetown Medical, LLC* | Bus: (502) 868-0664 |
| ⑯ Center for Behavioral Health, Bowling Green* | Bus: (270) 782-2100 |
| ⑰ Carroll Counseling – Carrollton* | Bus: (502) 732-3070 |

* Indicates a Medication Station

METHADONE BENEFITS

- ❖ Right dose does not cause euphoric or tranquilizing effects.
- ❖ Reduces/blocks effects of other opiates.
- ❖ Tolerance is slow to develop.

METHADONE BENEFITS

- ❖ Relieves cravings.
- ❖ Allows the individual to feel “normal”.
- ❖ Improved employment status and family relationships.

METHADONE BENEFITS

- ❖ Decrease in criminal activities.
- ❖ Decrease in high risk behaviors such as IVDU
= decrease in HIV and Hep. C.
- ❖ Improved health and health care.

METHADONE LIMITATIONS

- ❖ Increased risk when combined with other drugs. (Benzodiazapines)
- ❖ Can only be dispensed/administered through an OTP.
- ❖ Private can be expensive.
- ❖ Heavily regulated, lots of rules, can be time consuming.

METHADONE LIMITATIONS

❖ Abuse liability and diversion

- Use by pain management programs (Private Physicians (OBOs) office based opioid treatment
- Opiate naïve users

❖ Associated health complications

- torsade de pointes-QT prolongation, arrhythmia - ventricular tachycardia

BUPRENORPHINE (SUBOXONE)

“Overcoming Dependence”

BUPRENORPHINE

- ❖ Drug Addiction Treatment Act of 2000
- ❖ In 2002, two forms were FDA approved- Subutex and Suboxone, both made by Reckitt-Benckiser.
- ❖ Schedule III narcotic
- ❖ Opioid analgesic.

BUPRENORPHINE

- ❖ Partial mu opioid agonist (ceiling effect)
- ❖ Long half-life (24-60 hours)
- ❖ Administered as sublingual tablet or film strip
 - Subutex- 2 mg or 8 mg buprenorphine
 - Suboxone- 2 mg bup + .5 mg naloxone
8 mg bup + 2 mg naloxone

SUBUTEX

- ❖ Contains Buprenorphine only.
- ❖ Mainly used in U.S. today for opioid exposed pregnant women.
- ❖ Higher rate of diversion, can be injected.

SUBOXONE

- ❖ Naloxone added as means to decrease diversion.
- ❖ Poor bioavailability sublingually, but if dissolved and injected, will precipitate withdrawal.
- ❖ Reduced abuse potential.

BUPRENORPHINE TREATMENT

- ❖ Medication is only one component
- ❖ Short-term v. long-term
- ❖ OTP v. OBOT (Office Based)
 - Overview
 - Federal and State guidelines
 - Kentucky's programs

BUPRENORPHINE BENEFITS

- ❖ Blocks effects of other opiates.
- ❖ Relieves cravings to use other opiates.
- ❖ Allows “normal function”.
- ❖ Higher abuse liability and diversion potential than Methadone. Lack of Regulation.

BUPRENORPHINE BENEFITS

- ❖ Increased anonymity and less intrusive, vs. attending a MAT clinic daily.
- ❖ Increased treatment options/access to treatment.
- ❖ Decrease in high-risk behaviors.
- ❖ Good “step down” option for those tapering from Methadone.

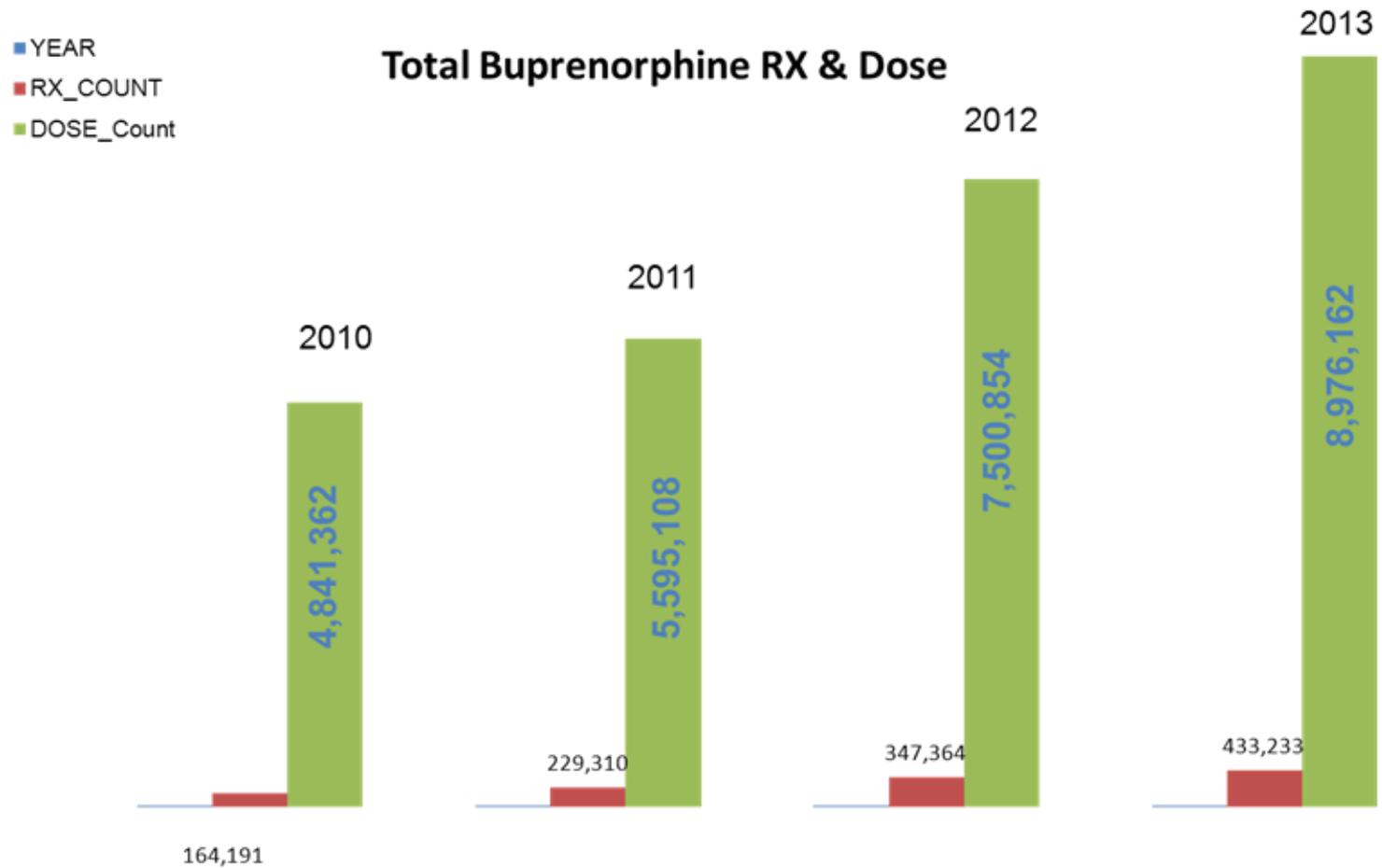
BUPRENORPHINE LIMITATIONS

- ❖ Expensive.
- ❖ Cannot take if opiates still in your system.
- ❖ Counseling may not be available or affordable in the same area as doctor.
- ❖ Some of the certified doctors or doctors willing to treat do not use evidence based practice guidelines, (UDS screening, counseling) or other wraparound services.

BUPRENORPHINE LIMITATIONS

- ❖ No regulations for clinics, only “practice guidelines”.
- ❖ Potential for overdose of other opiates due to ceiling effect.
- ❖ Abuse and diversion potential exists.

Buprenorphine in Kentucky



KORTOS – Ky Opiate Replacement Treatment Outcome Study

- Abstinence rates increased dramatically
- Rx opioid use decreased 90%
- Heroin use decreased by 100% in first six months
- Marijuana use – decreased by 89%
- Tranquilizer use – decreased 92%

Four things to remember.....

- 900 % increase in people seeking treatment in the last decade.
- 25,428 Kentuckians were admitted to drug and alcohol treatment programs
- 90+ Kentuckians die EACH MONTH from drug overdoses.
- Prescription drug overdoses is #1 cause of accidental death- has overtaken MVA's and Homicides
- Overdoses has risen 650% over the past two years.

KEY POINTS TO REMEMBER

- ❖ No “perfect” medication that is one size fits all.
- ❖ All medications work significantly better when utilized in combination with counseling, drug screens, and wrap around services.
- ❖ MAT is appropriate for pregnant women but must be closely monitored.
- ❖ Individuals receiving MAT are in recovery!

CONTACT INFORMATION

Mark Fisher

DMHDID

100 Fair Oaks Ln., 4E-D

Frankfort, KY 40621

(502)564-4456 X4460

Mark.Fisher@ky.gov